

Whereas,

ARTICLES OF ORGANIZATION OF

LIGHTSPEED TELECOM LLC,
ORGANIZED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED
IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE LIMITED
LIABILITY COMPANY ACT OF ILLINOIS, IN FORCE JANUARY 1, 1994.

Now Therefore, I, Jesse White, Secretary of State of the State
of Illinois, by virtue of the powers vested in me by law, do
hereby issue this certificate of organization under the
Illinois Limited Liability Company Act.

In Testimony Whereof, I hereto set my hand and cause to

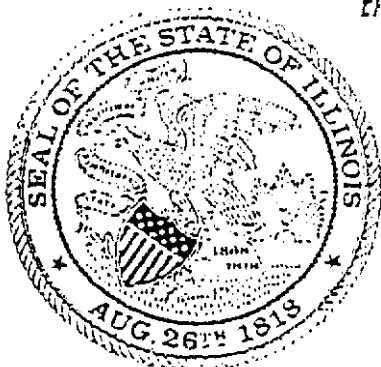
be affixed the Great Seal of the State of Illinois, at

the City of Springfield, this 21ST

day of MARCH A.D. 2000 and

of the Independence of the United States

the two hundred and 24TH.



Jesse White

SECRETARY OF STATE

Form **LLC-5.5**
January 1999

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 350, Howlett Building
Springfield, IL 62758
<http://www.sos.state.il.us>

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

Illinois
Limited Liability Company Act
Articles of Organization

SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State

Date: **MARCH 21, 2000**
Assigned File #: **0039 168 9**
Filing Fee: **\$400.00**
Approved: **JE**

This space for use by
Secretary of State

FILED

MARCH 21, 2000

LIMITED LIABILITY CO. DIV.
JESSE WHITE
SECRETARY OF STATE

PAID

MARCH 21, 2000

1. Limited Liability Company Name: LIGHTSPEED TELECOM LLC

(The LLC name must contain the words limited liability company, L.L.C. or LLC and cannot contain the words corporation, corp., incorporated, inc., ltd., co., limited partnership, or L.P.)

2. Transacting business under an assumed name: ☐ Yes ☒ No
(If YES, a Form LLC-1.20 is required to be completed and attached to these Articles.)

3. The address, including county, of its principal place of business: (Post office box alone and c/o are unacceptable.) 1445B West Whittaker, Salem, IL 62881; Marion County

4. Federal Employer Identification Number (F.E.I.N.): 37-1395721

5. The Articles of Organization are effective on: (Check one)

a) X the filing date, or b) _____ another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)

6. The registered agent's name and registered office address is:

Registered agent:	Rick	A.	Moore
	First Name	Middle Initial	Last Name
Registered Office:	16 Bryan Lane		
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	Salem	62881	Marion
	City	ZIP Code	County

7. Purpose or purposes for which the LLC is organized: Include the business code # (from IRS Form 1065)
(If not sufficient space to cover this point, add one or more sheets of this size.)

Code: 513300

The LLC will engage in the business or businesses for which codes have been entered above, and may enter or leave such line or lines of business, or any other lines of business permitted by this Act and other Illinois law.

8. The latest date, if any, upon which the company is to dissolve Perpetual
(month, day, year)

Any other events of dissolution enumerated on an attachment. (Optional)

LLC-5.5

9. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (B) included as attachment:

☐ Yes ☒ No

If yes, state the provisions(s) and the statutory cite(s) from the ILLCA.

10. a) Management is vested, in whole or in part, in the manager(s):
If yes, list names and business addresses.

☒ Yes

☐ No

Rick A. Moore
16 Bryan Lane
Salem, IL 62881

- b) Management is vested in the member(s):
If yes, list names and addresses.

☒ Yes

☒ No

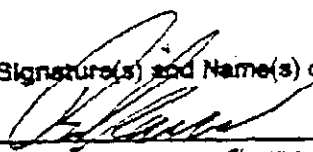
[REDACTED]

11. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that these articles of organization are to the best of my knowledge and belief, true, correct and complete.

Dated _____, _____
(Month/Day) (Year)

Signature(s) and Name(s) of Organizer(s)

Business Address(es)

1. X 
Signature
Rick A. Moore
(Type or print name and title)
(Name if a corporation or other entity)
2. _____
Signature
(Type or print name and title)
(Name if a corporation or other entity)
3. _____
Signature
(Type or print name and title)
(Name if a corporation or other entity)

1. 16 Bryan Lane
Number Street
Salem, IL 62881
City/Town
State ZIP Code
2. _____
Number Street
City/Town
State ZIP Code
3. _____
Number Street
City/Town
State ZIP Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)
LLC-5.5